U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1 or Oricar Ose Oray			
1 ((6 ~ 60)	UCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
HEI SOM			
1. File Number U - 739/	2. Fiscal Year Covered From:		
	1 / 1 / 2024 Through: [2 / 3] / 2004		
3. Name and eddress of person filing.	4. Name, file number, and address of labor organization.		
Name John & POLES	Name SERVICE EMPLOYES INT'L UNION		
	Labor Organization File Number 20073		
P.O. Box, Bldg., Room No., if any SUITE GOD	P.O. Box, Building and Room Number, If any		
Street 330 NEST 42nd 31.	Street 313 L 57 . NW		
CHY NBN YOU'L	City WASHINGTON		
State [74] ZIP Code + 4 100 36	State DC ZIP Code +4 2005		
5. Position in labor organization. [COORD(AFTOR, EAST)	ERP REGION (APITAL STEINGREHTP		
Enter appropriate data below if, during the past fizzzi year, you or your spouse or mixer child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents on is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.e. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., If any			
	7.b. Amount.		
Street			
City .			
State ZIP Code + 4			
Signa S	ture		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Miles of the second of	a la		
they - my	On 8151051 1717 - 947 - 1944 Date Telephone Number		
orm LM-30 (2003)			

Name of Person Filing JOHN R. A OUER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (Including trade name, if any). Name	9. Business deals with: a. Labor Organizati b. Trust c. Employer	on	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	Benking Ge	wices_	
Street	11.b. Approximate dollar value	of such dealing.	
City	12.a. Nature of interest held		
State ZIP Code + 4		consisting of a	
	12.b. Amount.	438.22	
C. Received from any employer (other than an employer covered under	and A and Dahama		
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.		
Name [Lindmark browth Expited Parkers, LP]	Lunch at i	nvestor conference,	
Trade Name, If any:	Hebrury 1C,	1207	
P.O. Box, Bldg., Room No., if any	\		
Street TO MILL POND LANE			
CAY SIMSBURY		To provide the second s	
State C \ ZIP Code + 4 \ \(\text{O60+0}\)			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		